OVERVIEW

WHAT IS THE OLMSTEAD DECISION?

The United States Supreme Court determined that states are mandated by the American with Disabilities Act (ADA) of 1990 to provide adequate care for people with disabilities in the least restrictive community-based settings.

The Decision is based on a lawsuit filed by two disabled women from Georgia who were living in a state-run institution. At the time, the treatment professionals agreed that the women could live in a community setting, but the State of Georgia claimed it did not have adequate services in place. The plaintiffs felt that their rights under the American with Disabilities Act (ADA) to live in the "most integrated setting" were being violated. The Supreme Court agreed with the plaintiffs and ruled in their favor stating that it was a form of discrimination when states fail to find community placements for people with disabilities, thus causing them to remain in an institutional setting.

WHAT IS CALIFORNIA'S RESPONSE TO THE OLMSTEAD DECISION?

The California Long-Term Council under the aegis of the California Health and Human Services Agency is spearheading public forums statewide, to gather public input on community needs and preferences, discuss the possible social service implications of Olmstead, and share best practices among agencies that serve the needs of the people with disabilities.

This information will be used by the Long Term Care Council in creating the Olmstead Plan for California, due January 2003. It will be presented to the Legislature in April of 2003.

WHAT WILL BE THE IMPACT OF THE OLMSTEAD DECISION ON LOCAL COMMUNITY BASED SERVICES?

It will directly affect the Medicaid program because it focuses on the obligation of states toward persons with disabilities under the ADA in relation to their health budgets, which in turn are heavily funded by Medicaid (See attachment).

It may create a hardship on clients unless monies are redirected to community-based services (i.e. clients may not be able to access the services they need to remain in the community and out of institutions without financial incentives).

WHAT IS THE LOCAL RESPONSE?

The Los Angeles County Area Agency on Aging has developed the Long-Term Care Strategic Plan that addresses a coordinated/integrated approach to services delivery for the aged and aged disabled population groups in Los Angeles County. It should be noted that the providers of service under the Older Americans Act of 1965 as amended are currently required to comply the Americans with Disabilities Act (ADA).

Written by Sara Rosenbaum, Hirsh Professor, Health Law and Policy, The George Washington University, School of Public Health and Health Services
Mary Jo Gibson, Project Manager
November 2000 ©2000 AARP
Public Policy Institute, AARP, 601 E Street, NW, Washington, DC 20049
publication ID: INB30 publication date: November 2000

In Brief: Olmstead v L.C. : Implications for Older Persons with Mental and Physical Disabilities

The Supreme Court's 1999 decision in *Olmstead v. L.C. ex. Rel. Zimring (Olmstead)* arose under the federal Americans with Disabilities Act (ADA). The ADA prohibits public programs and public entities from discriminating against persons with disabilities. *Olmstead's* central holding is that the ADA prohibits states from unnecessarily institutionalizing persons with disabilities and from failing to serve them in the most integrated setting appropriate to their needs if the provision of community services represents a reasonable accommodation and not a fundamental alteration of public programs. This

In Brief summarizes key findings of a recent AARP Public Policy Institute study that analyzes the *Olmstead* decision and considers its implications for persons with physical and mental disabilities, with a particular focus on older persons[1].

The decision directly affects the Medicaid program because it focuses on the obligations of states toward persons with disabilities under the ADA in relation to their health budgets, which in turn are heavily funded by Medicaid. Because the ADA has no age limits, the case has as many implications for older persons with disabilities as for younger persons with disabilities.

Key findings of the report include:

- While *Olmstead* does not directly require a state to alter the basic design of its Medicaid and other programs, the decision appears to require reasonable alterations in the existing design where unnecessary institutionalization and segregation of persons with disabilities are present.
- A state must take affirmative steps to put the *Olmstead* holding into action.
- State and federal court cases and decisions interpreting *Olmstead* in the first year after its issuance indicate that:
    - *Olmstead* does not require that states add Medicaid coverage for services and benefits that are necessary for community care but that the state does not already provide.
    - However, arbitrary *expenditure caps on covered home and community services* that, when surpassed, result in institutionalization or re-institutionalization, would violate the ADA. Thus, a state plan that fails to adequately fund covered services (e.g., a waiting list) or that sets an upper limit of, for example, 90 percent of the average per capita cost of institutional care on Medicaid expenditures for community services, violates *Olmstead. The presumption is in favor of community care.* Thus, *it is the state,* not the individual *that bears the burden of proof.* A state must be able to show that additional services would amount to a fundamental alteration and may not require an individual to prove that community care is reasonable.
    - The decision may lead to the imposition of outer limits on the number of days a state has to put together an appropriate community care program for an individual whom the

Existing law requires the State Department of Health Services, in conjunction with the State Department of Social Services, to implement a simplified eligibility process as part of the Food Stamp program to expedite Medi-Cal program and Healthy Families Program enrollment.

This bill, instead, would provide that these provisions shall be implemented on and after July 1, 2003, but only if and to the extent that federal financial participation is available.

This bill would authorize the State Department of Health Services to adopt emergency regulations to implement the applicable provisions of this bill in accordance with the rulemaking provisions of the Administrative Procedure Act.

The bill would prohibit the State Department of Health Services from recouping any overpayment made to a provider before October 1, 2002, under a specified provision of the Medi-Cal Act for ambulance transport services, if the overpayment is not due to the fault of the provider. It would also add to the requirements of the State Department of Health Services with regard to completing the design and implementation of the Children's Medical Services Network (CMS Net).

The bill would require the California Health and Human Services Agency to develop a comprehensive plan that responds to the decision of the United States Supreme Court in Olmstead v. L.C. and that describes the actions that California may take to improve its long-term care system so that its residents have available an array of community care options that allow them to avoid unnecessary institutionalization.

This bill would specify requirements of the State Department of Developmental Services related to the use of funds appropriated in Item 4300-101-0001 of the Budget Act of 2002 pertaining to regional centers.

The bill would provide that of the amounts appropriated in Item 4260-111-0001 of the Budget Act of 2002 from the Hospital Services Account, the Physician Services Account, and the Unallocated Account in the Cigarette and Tobacco Products Surtax Fund, $24,803,000 shall be administered and allocated for the 2002–03 fiscal year, as provided in the bill, for distribution through the California Healthcare for Indigents Program and the rural health services program.

The bill would provide that the unencumbered balances of the amounts appropriated in Item 4260-001-0589 of Chapter 50 of the Statutes of 1999, Item 4260-001-0589 of Chapter 52 of the Statutes of 2000, and Item 4260-001-0589 of Chapter 106 of the Statutes of 2001 are reappropriated and shall be available for encumbrance and expenditure until July 30, 2005, thereby making an appropriation.

This bill, in order to implement changes in the level of funding for Medi-Cal services in the Budget Act of 2002, would require the Director of Health Services to eliminate, with specified exceptions, all provider

1 of Division 3 of Title 2 of the Government Code). The initial adoption of emergency regulations and one readoption of the initial regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, or general welfare. Initial emergency regulations and the first readoption of those regulations shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and the first readoption of those regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and publication in the California Code of Regulations and each shall remain in effect for no more than 180 days.

SEC. 94. The department may not recoup any overpayment made to a provider before October 1, 2002, pursuant to Section 14109 of the Welfare and Institutions Code for ambulance transport services, if the overpayment is not due to the fault of the provider.

SEC. 95. (a) The State Department of Health Services shall complete the design and implementation of the Children's Medical Services Network (CMS Net) Enhancement 47 project to ensure that all system enhancements for CMS Net, the California Medicaid Management Information System (CA-MMIS), and the California Dental Management Information System (CD-MMIS) that are required to enable providers in the California Children's Services (CCS) provider network to submit electronic claims for reimbursement for services provided to CCS eligible children are operational by August 1, 2004.

(b) The department shall work in cooperation with county CCS programs that are not yet participating in CMS Net to take all necessary action within available resources to expedite the transition of these county programs to CMS Net for the provision of automated case management and service authorization for all CCS eligible children in their county caseload.

SEC. 96. (a) The California Health and Human Services Agency shall develop a comprehensive plan describing the actions that California may take to improve its long-term care system so that its residents have available an array of community care options that allow them to avoid unnecessary institutionalization. The plan shall respond to the decision of the United States Supreme Court in Olmstead v. L.C. (1999) 527 U.S. 581 and shall embody the six principles for an "Olmstead Plan" as articulated by the federal Center for Medicaid and Medicare Services. These principles include:

(1) A comprehensive, effectively working plan.

(2) A plan development and implementation process that provides for the involvement of consumers and other stakeholders.

(3) The development of assessment procedures and practices that prevent or correct current and future unjustified institutionalization of persons with disabilities.

(4) An assessment of the current availability of community-integrated services, identification of gaps in service availability, and evaluation of changes that could be made to enable consumers to be served in the most integrated setting possible.

(5) The inclusion in the plan of practices by which consumers are afforded the opportunity to make informed choices among the services available to them.

(6) Elements in the plan that ensure that services are provided in the most integrated setting appropriate and that the quality of services meets the needs of the consumers.

(b) The plan required under subdivision (a) shall be submitted to the Legislature on or before April 1, 2003.

SEC. 97. It is the intent of the Legislature that a significant portion of funds received in the 2003–04 fiscal year and subsequent fiscal years, due to increased federal financial participation attributable to the medicaid home- and community-based waiver program under Section 1396n of Title 42 of the United States Code or other similar initiatives, shall be used to increase the rates for community-based providers serving individuals with developmental disabilities and other actions related to expanding and improving services and supports. The purpose of these fund adjustments shall be to increase community living options, provide expanded consumer choice, provide for increased health and physical safety, and improve the overall stability of community-based services and supports.

SEC. 98. The State Department of Developmental Services shall ensure that funds appropriated in Item 4300-101-0001 of the Budget Act of 2002 to address concerns regarding the potential underfunding of regional center operations shall be used by each regional center toward achieving and maintaining service coordinator caseloads, as contained in subdivision (c) of Section 4640.6 of the Welfare and Institutions Code. In addition, these funds may be used to provide for increased clinical staff as necessary to meet requirements under the federal home- and community-based waiver program (42 U.S.C. Sec. 1396n).

SEC. 99. The State Department of Developmental Services shall ensure that funds appropriated in Item 4300-101-0001 of the Budget Act of 2002 for the purpose of funding a federal program coordinator position at each regional center will be used only for that purpose. This position shall address issues pertaining to federally funded programs serving individuals with developmental disabilities as appropriate, including the home- and community-based waiver program (42 U.S.C.

Olmstead Forum Highlights

The Health and Human Services Agency is beginning to receive reports from the Olmstead Forums – thank you! Attached are three documents based on the information provided by the following forums:

- Center for Independence of the Disabled, San Mateo County
- Living with Dignity Policy Committee, San Francisco
- Central Coast Commission for Senior Citizens, Santa Maria

The documents attached include the following

1. An analysis of the attendee surveys, in which the relative priority of different community services needs, as indicated by the respondents, is presented.
2. Olmstead Forums Reports. This document combines the reports provided by the three individual forums.
3. Key Issues Raised at Olmstead Forums. This document distills the most commonly mentioned issues raised in the forums.

Future Reports: This document will grow and be re-distributed as we receive additional Forum reports. If you have sponsored or participated in a Forum not yet represented, please made sure we get your input as soon as possible.

D. What existing service systems can be modified to meet need?

San Mateo/CID	IHSS Para-transit Section 8 Health Plan of San Mateo
Santa Maria /AoA, ILRC,ABIX, TCRC	Ticket to work from federal social security administration Expand SD
San Francisco/ CCSF Dept of Aging & Adult Services	It was suggested that funding be shifted away from institutional care and directed at home and community providers. Another suggestion was rather than require a waiver to release a person from an institution (the current system), it was recommended that a waiver be required to institutionalize a person. Under this scenario home and community based care is seen as the first option and the norm. This would require a shift in terms of how communities view care for older adults and younger adults with disabilitites.

E. What new services are needed and who should develop them?

San Mateo/CID	Doctors on wheels Case management programs
Santa Maria /AoA, ILRC,ABIX, TCRC	Vans that can transport clients to medical appointments, shopping, errands No new services are required. We need to modify the existing services
San Francisco/ CCSF Dept of Aging & Adult Services	Medicare waivers are needed to support home & community-based care. Additional supportive housing is needed. Modifications to the existing transportation system is needed. Additional case management is needed. It is not clear who should be developing them, but it is clear that the consumers and advocates feel that their voices are not being heard or included in decision making

KEY ISSUE III: STRATEGIES TO INTEGRATE OLMSTEAD INTO LOCAL PLANNING EFFORTS

!. Aging

San Mateo/CID	Living wage for providers More shopping assistance Develop care giver pool Equivalent services in home as provided for in institutions Transition plan to ID who is appropriate to assist in transition to community
Santa Maria /AoA, ILRC,ABIX, TCRC	Increase home & community based waiver system - 2 Expand IHSS
San Francisco/ CCSF Dept of Aging & Adult Services	Strategic Planning over the next 18 months is being done at the Department of Aging and Adult Services through a community public/private partnership and the Living with Dignity Policy Committee to undertake local planning in response to the Olmstead decision

B. Disabilities

San Mateo/CID	Keep Health Plan of San Mateo More Medi-Cal waivers Improve Medi-Cal reimbursement rates Expand definitions of medical provider Strong advocacy services
Santa Maria /AoA, ILRC,ABIX, TCRC	Implement tick to work as a model for development and consumer choice Need to convince DDS to go for Medicaid money
San Francisco/ CCSF Dept of Aging & Adult Serv.	Strategic Planning over the next 18 months is being done at the Department of Aging and Adult Services through a community public/private partnership and the Living with Dignity Policy Committee to undertake local planning in response to the Olmstead decision

Olmstead Forum Attendee Survey

These results are from the Olmstead Forum Attendee Survey taken at the San Francisco and Santa Maria Olmstead forums. Not all attendees completed the survey so the results do not necessarily represent a consensus of all those who attended the forums. Additional results will be incorporated as they become available.

III. Attendees

17	An advocate for people who use/need long-term care services
7	A provider of long-term care services
3	A family member of someone who uses/needs long-term care service
2	A consumer of long-term care services
2	Other; describe ***Tri-Counties Regional Center; Medicare beneficiaries***

IV. The disability populations the attendee represented or is concerned about:

19	People age 65 and older
19	People with physical disabilities
17	People with mental disabilities
17	People currently residing in long-term care facilities
16	People with sensory disabilities
16	People with developmental disabilities
4	Youth in residential care
3	Youth in foster care transitioning to adulthood
0	Other

V. The FIVE services that most need to be expanded according to the attendees:
 # 1 being the most important

1	2	3	4	5	Score	
20	28	15	2	3	(1) 68	Personal assistant services/attendant care
15	28	9	4	2	(2) 58	Transportation
15	16	6	6	1	(3) 44	Home health services
40	0	0	0	3	(4) 43	Other services needed to prevent or delay institutionalization or eligible individuals when feasible
5	4	18	4	4	(5) 35	Transition services (institution to community)
20	8	3	2	0	33	Adult day care
0	8	3	4	1	16	Respite care
0	0	9	6	0	15	Adaptive/assistive technology/equipment
0	0	6	4	3	13	Meals e.g. home delivered or congregate
5	0	0	4	2	11	Employment services
0	0	0	4	1	5	Homemaker
0	0	0	2	0	2	Day activity programs

The score is a composite of the ranks assigned to each item. For each item for which a rank was assigned, the rank was weighted to reflect its relative value to the other four ranks assigned to any other selection. The highest rank was given a five, the second highest rank was assigned a four, the third rank was assigned a three, the fourth rank was assigned a two and the fifth rank was assigned a one.

KEY ISSUES RAISED AT OLMSTEAD FORUMS
Summary of as October 4, 2002

Services Needed (consumer preferences):

- Housing
- Transportation
- Employment
- Case Management
- Consumer Education
- Increase in IHSS slots and hours
- Living wages for attendants/providers
- More mental health services for elderly
- Food and food services

Housing:

- Supportive Housing
- Affordable Housing
- Accessible Housing
- Home Safety Modifications

Transportation:

- More
- Accessible
- Neighborhood Shuttles

Employment:

- SSA/Ticket to Work

Barriers:

- Doctors/Dentists don't take MediCal
- Low reimbursement rates
- High cost of medications
- Bureacracy

Strategies:

- Centralized/coordinated services
- Increase State Funds
- Train long-term care providers to instill HOPE!
- Transfer funds from institutions to the community

Local Efforts:

- Strategic Planning over the next 18 months is being done at the San Francisco Department of Aging and Adult Services through a community public/private partnership and the Living with Dignity Policy Committee to undertake local planning in response to the Olmstead decision

2000-2001 Long Term Care Council Public Forum Input (recategorized)

The key themes that were heard repeatedly at Public Forums have been summarized in this document. It should be noted that these were statements made by consumers, their family members, advocates and other stakeholders. These were personal opinions and comments that have not been verified by the Health and Human Services Agency Long Term Care Council.

DATE	LOCATION	ATTENDANCE
November 28, 2000	Nevada City	45 individuals testified/ approximately 80 attended.
December 13, 2000	San Diego	42 individuals testified/approx. 84 attended.
January 11, 2001	Oakland	28 individuals testified/65 attended
February 21, 2001	Los Angeles	22 individuals testified/61 attended

ASSESSMENT ISSUES

- The current IHSS assessment process does not work for many individuals with Traumatic or Acquired Brain Injuries since their functional and cognitive limitations are not necessarily constant.
- The way IHSS hours are determined should be restructured to better meet the needs of individuals who have psychiatric disabilities.

COMMUNITY PLACEMENT SERVICES

- People need help in learning what services they are eligible for and what the enrollment process is. Many people have no idea what they are eligible for.
- General Medi-Cal eligibility information should be put on the web.
- Some programs have very helpful consumer information but consumers don't know how to get linked up with those programs.
- It takes too long and is too complicated for family members to get the information they need to help their parents find services. While some providers and agencies can be helpful, they only know about their particular service. Even health care professionals find it difficult to understand what the options are and negotiate arranging for them.

- Consumers and even local agencies don't know about some of the Medi-Cal waiver programs.

- Some mental health clients on SSI require short-term hospitalization from time to time. But in doing so, they become homeless because landlords evict them while they're hospitalized. This makes it even more challenging to find housing and start all over when they leave the hospital. *(The LTC Council researched this issue with the Social Security Administration. There is a little known provision that SSI can be continued to pay for housing during a hospitalization if the physician completes a specific form.)*

COMMUNITY CAPACITY EXPANSION

IHSS

- If the current limit on the number of authorized IHSS hours was expanded some nursing home residents could transition out of those facilities. Some do not need medical oversight; they just need 24-hour attendant care.

- It is very difficult to find and keep good IHSS workers. Workers are not reimbursed for their mileage getting to and from their employer and in rural areas this makes it even more difficult to find workers.

HOUSING

- The lack of supportive housing for the disabled makes it very difficult for some nursing home residents to transition into independent housing.

- The cost of housing in rural areas has increased significantly. But the housing formulas have not kept pace with these changes in some parts of the state.

- Many low-income individuals live in mobile homes. But those rents have also gone up significantly. If modifications are needed to make a mobile home more accessible or other repairs are required, banks won't make loans to finance those costs.

- Housing is essential. If an individual can't find housing, they can't access IHSS.

- The state should take leadership efforts in creating incentives for builders to include "Universal Design" in new structures. So many homes are designed with features that become major barriers to aging in place.

- More HUD housing for the disabled is needed. In some rural counties, there is no HUD Section 8 housing at all.

DIVERSITY

- California is a very diverse state. More ethnic aging/long term care services are needed.

OTHER

- Many elderly have mental health issues that are not being addressed which limits their ability to remain in the most integrated community setting possible.

- Family caregivers need respite assistance. One family member who has a child with developmental disabilities noted that they receive 20 hours of respite a month through the regional center. But if she wanted to get away to visit family out of the area or have a real break, she would have to save up several months of this respite in order to do so.

- At each forum, individuals spoke to the difficulty they had in securing and using public transportation services for routine travel. Individuals who used paratransit noted how difficult it is to have to wait for two hours to be picked up and incidents that have occurred when the van failed to pick them up after it had deposited them somewhere hours earlier.

MONITORING & QUALITY ASSURANCE

- Family caregiving education is essential. Without it, family members will more easily become frustrated and potentially abusive. Out of ignorance, they may neglect needed care.

- More education needs to be done on advanced directives to ensure that abusive family members don't embezzle an individual's assets.

- Families who have a child with communication problems are very reluctant to use institutional respite services. The staff that would be interacting with the child change all the time and would not be able to understand or effectively communicate with her. Parents have requested assistive technology that would help in communications but this has not been forthcoming.

- Many parents are caring for their adult children who have developmental, psychiatric, traumatic brain injuries or other conditions. They worry about what will happen to their children when they are no longer strong enough to continue taking care of them.

OTHER

- In discussing the new incentives for the disabled to enter the workforce, consumers stated that Medi-Cal eligibility rules related to asset accumulation, income allowance amounts, and estate recovery are major disincentives to encouraging individuals to seek employment.

- The difficulty in finding direct care staff came up repeatedly at all meetings from the full range of long-term care providers—home care through nursing home providers.

- Wage and health benefits for workers came up at all sessions.

- If an IHSS recipient goes into the hospital, his/her worker does not get paid. Yet the IHSS recipient will need that worker when he/she gets home from the hospital. One suggestion was that while that person is in the hospital, that IHSS worker could be used on a Rapid Response pool of workers to fill in for individuals who are sick or have other emergencies. In that way, the worker would continue to be paid but would be available again when their employer was discharged from the hospital.

INNOVATIVE PROGRAMS

- Rapid Response System within Alameda County Public Authority—If the IHSS worker doesn't show up for some reason, another worker is sent out to assist the individual. On-call workers are maintained to respond to these emergencies.

- In San Diego, an organization called "House Calls" does just that. Doctors make house calls and utilize new, portable technology to do tests at home. This results in a rapid response to a significant change in a patient's health care and avoids unnecessary emergency room visits.

- AARP members in San Diego shared information about a successful Money Management program that AARP has piloted in Texas. They noted the need for these types of programs as the population with cognitive limitations increases

California's Olmstead Plan
- Background-

The Americans with Disabilities Act

The Americans with Disabilities Act provides that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or denied the benefits of the services, programs or activities, or be subjected to discrimination by any such entity.

The Olmstead Decision Promotes Community Placement When…

- The State's treating professionals determine that a community placement is appropriate.
- The affected individual does not oppose community placement.
- The placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other persons with disabilities.

Health and Human Services Agency's Mandates

- The California Long Term Care Council directed staff to prepare an Olmstead Plan at its April 2002 meeting.
- The Trailer Bill to the 2002 Budget Act requires CHHSA to develop an Olmstead Plan following guidelines specified by the Center for Medicaid and Medicare Services.

CMS Principles

- An effectively working plan
- Involve consumers and stakeholders
- Develop assessment procedures
- Evaluate current services & gaps
- Promote informed choice
- Provide oversight of assessment and placement to assure quality

Guiding Principles

- Involve Consumers in All Planning
- Utilize Person-centered Assessments
- Honor Consumer Choice
- Develop a Full Array of Services
- Emphasize Community Inclusion
- Monitor Program Quality

State of California
Health and Human Services Agency

GRAY DAVIS
GOVERNOR

GRANTLAND JOHNSON
SECRETARY

Agency Departments & Boards:

Aging

Alcohol and Drug Programs

Child Support Services

Community Services and Development

Developmental Services

Emergency Medical Services Authority

Employment Development Department

Health Services

Health and Human Services Data Center

Managed Risk Medical Insurance

Mental Health

Rehabilitation

Social Services

Statewide Health Planning and Development

Workforce Investment

August 30, 2002

To the Consumers and Stakeholders Interested in California's Olmstead Planning Process:

Thank you for your interest in improving the opportunities for Californians with disabilities to live independently in our communities.

As a result of the U.S. Supreme Court's *Olmstead* decision, states across the nation are engaged in evaluating the programs and services they provide to enable their citizens with disabilities to live in their respective communities rather than in institutions.

California has a long tradition of promoting and supporting the rights of individuals with disabilities. The independent living movement was born here, and this is the only state to provide an entitlement to services for persons with developmental disabilities. We are proud of our commitment and success in moving people into community placement. Over the past ten years, the number of persons civilly committed to our California state mental hospitals dropped from 2,500 in 1992 to 800 in 2001; our utilization of nursing homes is among the lowest in the nation, while grants to recipients under the state's Supplement Security Income/State Supplemental Payment Program are among the highest; and the number of persons served by the In-Home Supportive Services has grown to 250,000, making it by far the largest program in the nation of its kind.

This Administration continues to evaluate ways to improve the array of community living services for persons with disabilities. The Aging with Dignity Initiative, a $55 million program of Integrated Services for the Homeless, and a $20 million augmentation to expand community placement options for persons with developmental disabilities are a few examples of the progress we have made.

I invite you to join us in identifying and recommending further improvements to our service systems that support community living. We ask that you share your personal experiences, knowledge and

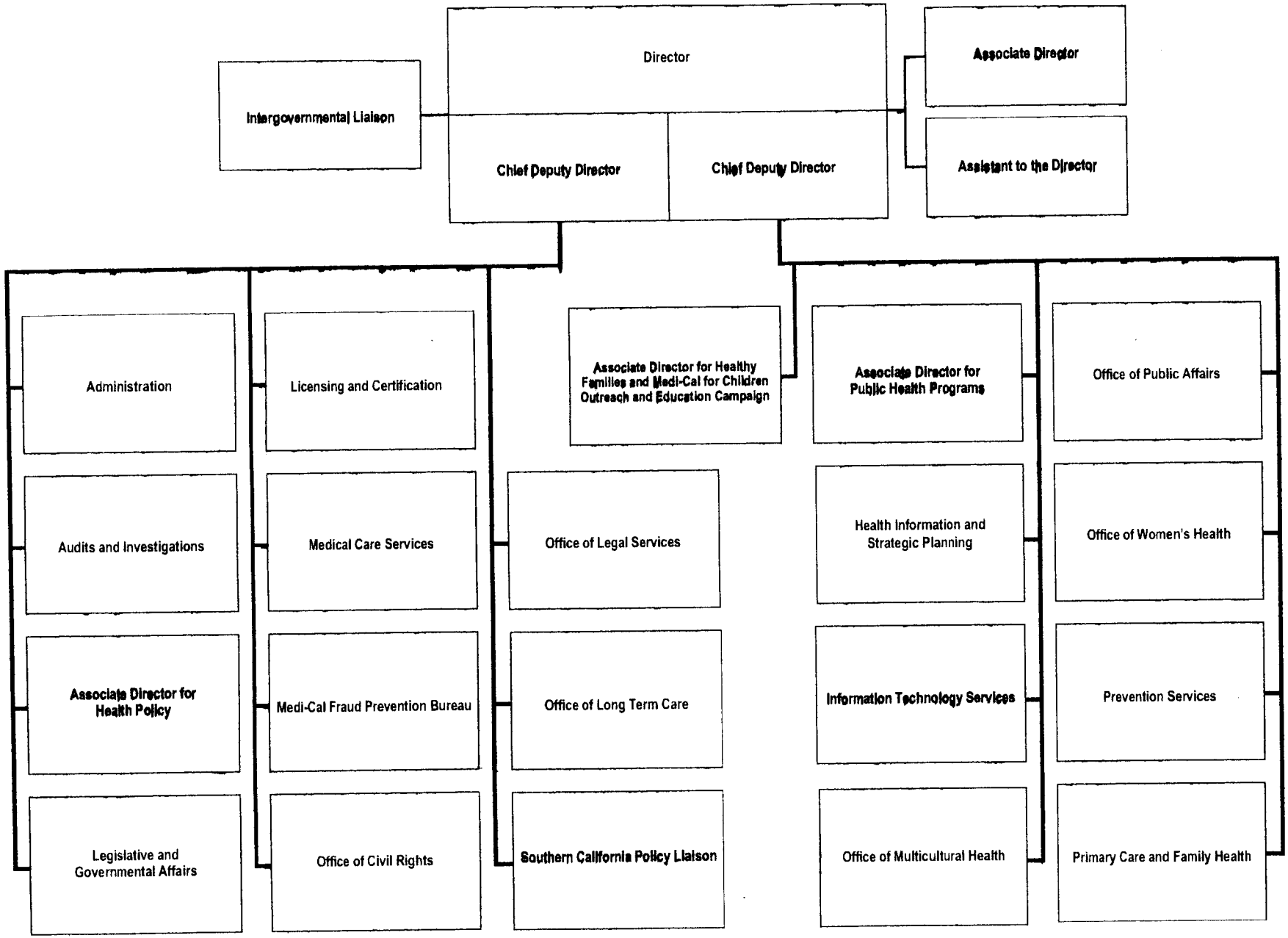
expertise, and those of your family members and friends who have disabilities. We want to draw upon your experiences and wisdom to inform our future efforts.

Thank you again for taking the time to participate today in an Olmstead Forum.

GRANTLAND JOHNSON
Secretary

Blue print indicates an active link to DHS web pages.

CALIFORNIA
DEPARTMENT OF HEALTH SERVICES



Olmstead Decision

What is the Olmstead Decision?

In 1999, the United States Supreme Court issued a decision in *Olmstead v. Zimring* (119 S.Ct. 2176), in which the court concluded that States are required by the Americans with Disabilities Act (ADA) to place persons with disabilities in community settings rather than in institutions when:

- the State's treatment professionals have determined that community placement is appropriate;
- the individual does not object to community placement; and
- the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities.

The Supreme Court also gave the states general guidance on how to demonstrate compliance with the ADA. For example, compliance may be shown if a state can demonstrate that it has a "comprehensive, effectively working plan for placing qualified persons with...disabilities in less restrictive settings, and a waiting list that move[s] at a reasonable pace."

Olmstead Forum Inf

- Letter from Gra Johnson re: Olr
- Olmstead Plann Brochure
- Proposal to hos - instructions
- Proposal to hos - plan
- Olmstead Forur
- Olmstead Forur practice form
- Olmstead Repo
- Olmstead Repo
- Forum Attendee

Olmstead Planning in California

The California Long Term Care Council (the Council) will serve as the state's entity for creating an Olmstead plan. At its April, 2002 meeting the Council initiated efforts to create an Olmstead plan for California.

The plan will be presented at the Council's January, 2003 meeting.

The vision for California's Olmstead planning is consistent with the vision of the Council, which is: A long-term care system that supports consumer dignity and independence, fosters appropriate home and community-based services, and is cost effective.

Olmstead in the

- CMS sends lette state Medicaid d alternative to institutional car
- HHS announces to implement community-bas alternatives for individuals with disabilities 6/19/

Public Participation in the Planning Process

In order to maximize public and community input into the state's Olmstead plan, the Council is inviting organizations across the state to host Olmstead community forums.

The purpose of the forums will be to obtain information on community needs, preferences, and best practices. Feedback from the community forums will be used by the Olmstead Plan

Work Group, made up of state officials and public representatives, to create the state's Olmstead plan.
Those interested in hosting a community forum are asked to submit a Proposal to Host an Olmstead Forum, which can be accessed at www.chhs.ca.gov/olmstead.html. Hosts will receive a community meeting tool kit which includes information on how to prepare
for and conduct a community forum, a primer on the Olmstead decision, and a feedback form to return your community's input to the Olmstead Plan Work
Group.
Meeting requirements include:

- Create a meeting outreach plan,
- Open the meeting to the public,
- Use accessible meeting facilities, and
- Use the standard feedback form provided to collect participant input by October 1.

Additional information for participating in the Olmstead Plan Work Group will be posted on the Long Term Care Council Web site in September 2002.
www.chhs.ca.gov/olmstead.html.

(source: Long Term Care Council Olmstead Planning Brochure)

Many of these documents must be viewed with Adobe Acrobat Reader. Cli
download your free copy.

For more information please contact the Policy, Advocacy and Public Affairs Department.

LII
legal information institute

SUPREME COURT COLLECTION

Search --all current and historic decisions submit

OLMSTEAD v. L. C. (98-536)
138 F.3d 893, affirmed in part, vacated in part, and remanded.

Syllabus	Opinion [Ginsburg]	Concurrence [Stevens]	Concurrence [Kennedy]	Dissent [Thomas]
HTML version PDF version	HTML version PDF version	HTML version PDF version	HTML version PDF version	HTML version PDF version

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued.
The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader.
See *United States* v. *Detroit Timber & Lumber Co.*, 200 U.S. 321, 337.

SUPREME COURT OF THE UNITED STATES

OLMSTEAD, COMMISSIONER, GEORGIA DEPARTMENT OF HUMAN RESOURES, et al. *v.* L. C., by zimring, guardian ad litem and next friend, et al.

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT

No. 98—536. Argued April 21, 1999–Decided June 22, 1999

In the Americans with Disabilities Act of 1990 (ADA), Congress described the isolation and segregation of individuals with disabilities as a serious and pervasive form of discrimination. 42 U.S.C. § 12101(a)(2), (5). Title II of the ADA, which proscribes discrimination in the provision of public services, specifies, *inter alia*, that no qualified individual with a disability shall, "by reason of such disability," be excluded from participation in, or be denied the benefits of, a public entity's services, programs, or activities. §12132. Congress instructed the Attorney General to issue regulations implementing Title II's discrimination proscription. See §12134(a). One such regulation,

known as the "integration regulation," requires a "public entity [to] administer ... programs ... in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 CFR § 35.130(d). A further prescription, here called the "reasonable-modifications regulation," requires public entities to "make reasonable modifications" to avoid "discrimination on the basis of disability," but does not require measures that would "fundamentally alter" the nature of the entity's programs. §35.130 (b)(7).

Respondents L. C. and E. W. are mentally retarded women; L. C. has also been diagnosed with schizophrenia, and E. W., with a personality disorder. Both women were voluntarily admitted to Georgia Regional Hospital at Atlanta (GRH), where they were confined for treatment in a psychiatric unit. Although their treatment professionals eventually concluded that each of the women could be cared for appropriately in a community-based program, the women remained institutionalized at GRH. Seeking placement in community care, L. C. filed this suit against petitioner state officials (collectively, the State) under 42 U.S.C. § 1983 and Title II. She alleged that the State violated Title II in failing to place her in a community-based program once her treating professionals determined that such placement was appropriate. E. W. intervened, stating an identical claim. The District Court granted partial summary judgment for the women, ordering their placement in an appropriate community-based treatment program. The court rejected the State's argument that inadequate funding, not discrimination against L. C. and E. W. "by reason of [their] disabilit[ies]," accounted for their retention at GRH. Under Title II, the court concluded, unnecessary institutional segregation constitutes discrimination *per se*, which cannot be justified by a lack of funding. The court also rejected the State's defense that requiring immediate transfers in such cases would "fundamentally alter" the State's programs. The Eleventh Circuit affirmed the District Court's judgment, but remanded for reassessment of the State's cost-based defense. The District Court had left virtually no room for such a defense. The appeals court read the statute and regulations to allow the defense, but only in tightly limited circumstances. Accordingly, the Eleventh Circuit instructed the District Court to consider, as a key factor, whether the additional cost for treatment of L. C. and E. W. in community-based care would be unreasonable given the demands of the State's mental health budget.

Held: The judgment is affirmed in part and vacated in part, and the case is remanded.

138 F.3d 893, affirmed in part, vacated in part, and remanded.

Justice Ginsburg delivered the opinion of the Court with respect to Parts I, II, and III—A, concluding that, under Title II of the ADA, States are required to place persons with mental disabilities in community settings rather than in institutions when the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities. Pp. 11—

18.

(a) The integration and reasonable-modifications regulations issued by the Attorney General rest on two key determinations: (1) Unjustified placement or retention of persons in institutions severely limits their exposure to the outside community, and therefore constitutes a form of discrimination based on disability prohibited by Title II, and (2) qualifying their obligation to avoid unjustified isolation of individuals with disabilities, States can resist modifications that would fundamentally alter the nature of their services and programs. The Eleventh Circuit essentially upheld the Attorney General's construction of the ADA. This Court affirms the Court of Appeals decision in substantial part. Pp. 11—12.

(b) Undue institutionalization qualifies as discrimination "by reason of ... disability." The Department of Justice has consistently advocated that it does. Because the Department is the agency directed by Congress to issue Title II regulations, its views warrant respect. This Court need not inquire whether the degree of deference described in *Chevron U.S. A. Inc.* v. *Natural Resources Defense Council, Inc.*, 467 U.S. 837, 844, is in order; the well-reasoned views of the agencies implementing a statute constitute a body of experience and informed judgment to which courts and litigants may properly resort for guidance. *E.g.*, *Bragdon* v. *Abbott*, 524 U.S. 624, 642. According to the State, L. C. and E. W. encountered no discrimination "by reason of" their disabilities because they were not denied community placement on account of those disabilities, nor were they subjected to "discrimination," for they identified no comparison class of similarly situated individuals given preferential treatment. In rejecting these positions, the Court recognizes that Congress had a more comprehensive view of the concept of discrimination advanced in the ADA. The ADA stepped up earlier efforts in the Developmentally Disabled Assistance and Bill of Rights Act and the Rehabilitation Act of 1973 to secure opportunities for people with developmental disabilities to enjoy the benefits of community living. The ADA both requires all public entities to refrain from discrimination, see §12132, and specifically identifies unjustified "segregation" of persons with disabilities as a "for[m] of discrimination," see §§12101(a)(2), 12101(a)(5). The identification of unjustified segregation as discrimination reflects two evident judgments: Institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life, cf., *e.g.*, *Allen* v. *Wright*, 468 U.S. 737, 755; and institutional confinement severely diminishes individuals' everyday life activities. Dissimilar treatment correspondingly exists in this key respect: In order to receive needed medical services, persons with mental disabilities must, because of those disabilities, relinquish participation in community life they could enjoy given reasonable accommodations, while persons without mental disabilities can receive the medical services they need without similar sacrifice. The State correctly uses the past tense to frame its argument that, despite Congress' ADA findings, the Medicaid statute "reflected" a congressional policy preference for institutional treatment over treatment in the community. Since 1981, Medicaid has in fact provided funding for state-run home

and community-based care through a waiver program. This Court emphasizes that nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings. Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it. In this case, however, it is not genuinely disputed that L. C. and E. W. are individuals "qualified" for noninstitutional care: The State's own professionals determined that community-based treatment would be appropriate for L. C. and E. W., and neither woman opposed such treatment. Pp. 12—18.

Justice Ginsburg, joined by Justice O'Connor, Justice Souter, and Justice Breyer, concluded in Part III—B that the State's responsibility, once it provides community-based treatment to qualified persons with disabilities, is not boundless. The reasonable-modifications regulation speaks of "reasonable modifications" to avoid discrimination, and allows States to resist modifications that entail a "fundamenta[l] alter[ation]" of the States' services and programs. If, as the Eleventh Circuit indicated, the expense entailed in placing one or two people in a community-based treatment program is properly measured for reasonableness against the State's entire mental health budget, it is unlikely that a State, relying on the fundamental-alteration defense, could ever prevail. Sensibly construed, the fundamental-alteration component of the reasonable-modifications regulation would allow the State to show that, in the allocation of available resources, immediate relief for the plaintiffs would be inequitable, given the responsibility the State has undertaken for the care and treatment of a large and diverse population of persons with mental disabilities. The ADA is not reasonably read to impel States to phase out institutions, placing patients in need of close care at risk. Nor is it the ADA's mission to drive States to move institutionalized patients into an inappropriate setting, such as a homeless shelter, a placement the State proposed, then retracted, for E. W. Some individuals, like L. C. and E. W. in prior years, may need institutional care from time to time to stabilize acute psychiatric symptoms. For others, no placement outside the institution may ever be appropriate. To maintain a range of facilities and to administer services with an even hand, the State must have more leeway than the courts below understood the fundamental-alteration defense to allow. If, for example, the State were to demonstrate that it had a comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated, the reasonable-modifications standard would be met. In such circumstances, a court would have no warrant effectively to order displacement of persons at the top of the community-based treatment waiting list by individuals lower down who commenced civil actions. The case is remanded for further consideration of the appropriate relief, given the range of the State's facilities for the care of persons with diverse mental disabilities, and its obligation to administer services with an even hand. Pp. 18—22.

Justice Stevens would affirm the judgment of the Court of Appeals, but because there are not five votes for that disposition, joined Justice Ginsburg's judgment and Parts I, II, and III—A of her opinion. Pp. 1—2.

Justice Kennedy concluded that the case must be remanded for a determination of the questions the Court poses and for a determination whether respondents can show a violation of 42 U.S.C. § 12132's ban on discrimination based on the summary judgment materials on file or any further pleadings and materials properly allowed. On the ordinary interpretation and meaning of the term, one who alleges discrimination must show that she received differential treatment vis-à-vis members of a different group on the basis of a statutorily described characteristic. Thus, respondents could demonstrate discrimination by showing that Georgia (i) provides treatment to individuals suffering from medical problems of comparable seriousness, (ii) as a general matter, does so in the most integrated setting appropriate for the treatment of those problems (taking medical and other practical considerations into account), but (iii) without adequate justification, fails to do so for a group of mentally disabled persons (treating them instead in separate, locked institutional facilities). This inquiry would not be simple. Comparisons of different medical conditions and the corresponding treatment regimens might be difficult, as would be assessments of the degree of integration of various settings in which medical treatment is offered. Thus far, respondents have identified no class of similarly situated individuals, let alone shown them to have been given preferential treatment. Without additional information, the Court cannot address the issue in the way the statute demands. As a consequence, the partial summary judgment granted respondents ought not to be sustained. In addition, it was error in the earlier proceedings to restrict the relevance and force of the State's evidence regarding the comparative costs of treatment. The State is entitled to wide discretion in adopting its own systems of cost analysis, and, if it chooses, to allocate health care resources based on fixed and overhead costs for whole institutions and programs. The lower courts should determine in the first instance whether a statutory violation is sufficiently alleged and supported in respondents' summary judgment materials and, if not, whether they should be given leave to replead and to introduce evidence and argument along the lines suggested. Pp. 1—10.

Ginsburg, J., announced the judgment of the Court and delivered the opinion of the Court with respect to Parts I, II, and III—A, in which Stevens, O'Connor, Souter, and Breyer, JJ., joined, and an opinion with respect to Part III—B, in which O'Connor, Souter, and Breyer, JJ., joined. Stevens, J., filed an opinion concurring in part and concurring in the judgment. Kennedy, J., filed an opinion concurring in the judgment, in which Breyer, J., joined as to Part I. Thomas, J., filed a dissenting opinion, in which Rehnquist, C. J., and Scalia, J., joined.

© copyright about us send email

Office for Civil Rights

Case Summaries

Index:
Title VI — Adoption and Foster Care | Health Disparities | Immigrant Access | Limited English Speaking | Managed Care | Race | Redlining
Section 504 — Accessibility | Disparate Treatment | Pre-Employment Inquiries | Part 85 Federally Conducted | Interpreters, TDDs | Reasonable Accommodation
Americans with Disabilities Act — Licensure | TANF | Olmstead/Most Integrated Setting
Multi-Jurisdictional

Americans with Disabilities Act (ADA) -- Olmstead: Most Integrated Settingn

- Glenkirk, Inc. (05003204)
- Illinois Department of Human Services (05003203)
- Illinois Department of Human Services (05003249)
- Minnesota Department of Human Services (05013038, 05013040, 05013042, 05013043, 05013044, 05013045)
- State of Georgia
- Suburban Access (05-00-3197)
- Suburban Access (05-00-3196)

Glenkirk, Inc. (05003204)

The complaint, filed on May 15, 2000, alleged that Glenkirk, Incorporated, a Pre-Admission Screening (PAS) agent, failed to provide the affected party with a one-to-one assistant so that he might remain in the least restrictive environment and avoid institutionalization. From May of 2000 through July of 2000, OCR met periodically with the IDHS to discuss resolution of this complaint. On August 2, 2000, the IDHS

agreed to increase the one-to-one assistant care funding for the affected party from 11 hours a week to 35 hours a week. On October 17, 2000, OCR was provided a copy of the notice of the increase in funding to the affected party. On November 1, 2000, OCR discussed the remedy with the complainant who expressed satisfaction with the resolution. Therefore, OCR is closing this complaint without making a formal finding.

Illinois Department of Human Services (05003203)

The complaint, filed on May 15, 2000, alleged that the Illinois Department of Human Services (the Recipient) failed to provide the affected party with a one-to-one assistant so that he might remain in the least restrictive environment and avoid institutionalization. On August 2, 2000, the Recipient's Office of Developmental Disabilities agreed to increase the one-to-one assistant care funding for the affected party from 11 hours a week to 35 hours a week. On October 17, 2000, OCR was provided a copy of the notice of the increase in funding to the affected party. On November 1, 2000, OCR discussed the remedy with the complainant and the complainant expressed satisfaction with the resolution. Therefore, OCR closed this Olmstead complaint without making a formal finding.

Illinois Department of Human Services (05003249)

The complaint, filed January 29, 2000, alleged that the Illinois Department of Human Services, (the Recipient) discriminated against the affected party on the basis of disability, autism, by failing to provide funds for adult day care services without which the affected party would have been institutionalized. OCR closed the complaint with a mutually satisfactory resolution. On January 31, 2001, the Recipient approved Community Integrated Living Arrangement (CILA) funding for the affected party. On March 30, 2001, OCR was provided a copy of the notice of the CILA funding to the affected party. Specifically, the Recipient provided evidence showing that the affected party has been awarded $50,895 for a family CILA. The affected party receives ten hours of direct support services and fifteen hours of respite on a weekly basis. In addition, the affected party receives forty hours of professional staff service per week. Moreover, the Recipient is providing 208 hours per year in individual support to the affected party. On March 30, 2001

and April 2, 2001, OCR discussed the remedy with the complainant and the complainant expressed satisfaction with the resolution.

Minnesota Department of Human Services (05013038, 05013040, 05013042, 05013043, 05013044, 05013045)

On November 14, 2000, the Office for Civil Rights (OCR) received complaints alleging that the Recipient discriminated against the affected parties on the basis of disability by failing to provide the them with appropriate home and community-based services. On the basis of a mutually satisfactory resolution of the complaint, OCR closed the investigation without making a formal finding regarding the alleged violation of Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, and their implementing regulations, 45 CFR Part 84 and 28 CFR Part 35, respectively.

Each of the affected parties was given an initial needs assessment by treatment professionals and was found to be eligible for home and community based services. Four were placed in home and community based services programs. One was placed in a community residential mental illness program, and one was placed in a community intermediate care facility/mental retardation (ICF/MR) program.

In addition, the Recipient has informed OCR that it will conduct on-going quarterly meetings with the Office of the Ombudsman for Mental Health and Mental Retardation to address issues concerning home and community-based services.

Therefore, OCR closed the investigations based on the fact that the Recipient has provided the Affected Parties with appropriate home and community based services.

Suburban Access (05-00-3197)

The complaint alleged that Suburban Access, Incorporated, the Pre-Admission Screening (PAS) agent, failed to provide the affected party with placement in the least restrictive environment. From May of 2000 through July of 2000, OCR met periodically with the Recipient to discuss resolution of this complaint. In August of 2000, the Recipient agreed to

provide the funding needed to place the affected party in a CILA. On October 17, 2000, OCR was provided a notice that the affected party was moved from an ICFDD into a CILA home. On November 1, 2000, OCR discussed the remedy with the complainant and the complainant expressed satisfaction with the resolution. Therefore, OCR is closing this complaint without making a formal finding.

Suburban Access (05-00-3196)

The complaint, filed on May 9, 2000, alleged that the Illinois Department of Human Services, failed to provide the affected party with placement in the least restrictive environment. From May of 2000 through July of 2000, OCR met periodically with the Recipient to discuss resolution of this complaint. In August of 2000, the Recipient agreed to provide the funding needed to place the affected party in a CILA. On October 17, 2000, OCR was provided a notice that the affected party was moved from an ICFDD into a CILA home. On November 1, 2000, OCR discussed the remedy with the complainant and the complainant expressed satisfaction with the resolution. Therefore, OCR is closing this complaint without making a formal finding.

State of Georgia

OCR Region IV has resolved at least **12** complaints filed by persons residing in nursing care facilities who alleged that the State denied them the opportunity to receive long-term care services appropriate to their needs in a community based setting, as required under Title II of the ADA and Section 504 of the Rehabilitation Act. In each of these cases, we succeeded in getting the State to provide long-term care services to these institutionalized clients in community-based settings. These closures are significant because they exemplify, in furtherance of an OCR enforcement priority, a successful, collaborative effort by OCR, HCFA, and the State in ensuring that institutionalized disabled persons are provided services in the most integrated setting appropriate to their needs.

Last revised: March 30, 2002

State of California
Health and Human Services Agency

GRAY DAVIS
GOVERNOR

GRANTLAND JOHNSON
SECRETARY

Olmstead Work Group
October 11, 2002

Agenda

Agency Departments & Boards:

Aging

Alcohol and Drug Programs

Child Support Services

Community Services and Development

Developmental Services

Emergency Medical Services Authority

Employment Development Department

Health Services

Health and Human Services Data Center

Managed Risk Medical Insurance

Mental Health

Rehabilitation

Social Services

Statewide Health Planning and Development

Workforce Investment

9:30 Registration

10:00 Introductions & Housekeeping
-- Jonathan Clarkson & Karen Neilsen, Facilitators

10:10 Welcome
-- Agnes Lee, Deputy Secretary

10:15 Overview of Olmstead Decision
& Mandate of the Work Group
-- Robert Schladale, Assistant Secretary

Discussion: What Principles Should Guide An Olmstead Plan?

10:35 California Olmstead Plan: Plan Outline
& Process for Development
-- Agnes Lee, Deputy Secretary

Workgroup Discussion

10:55 Organization of Subgroups

11:00 *Break*

11:15 Subgroup meetings: key Issues to be Addressed in an Olmstead Plan

11:50 *Break*

12:05 Reconvene Full Work Group for Subgroup Reports

12:50 Wrap Up/Next Step – Agnes Lee

1600 Ninth Street • Room 460 • Sacramento, CA 95814 • Telephone (916) 654-3454 • Fax (916) 654-3343
Internet Address: www.chhs.ca.gov

OLMSTEAD DECISION
Olmstead v. Zimring (1999)
(119 S. Ct. 2176)

STATE LONG TERM CARE PLANNING COUNCIL
*OLMSTEAD PLAN (*April 2003)*
(California Health and Human Services Agency)

LOS ANGELES COUNTY AREA AGENCY ON AGING
LTC STRATEGIC PLAN (*January 2003)*

COORDINATED COMMUNIY BASED SERVICES THE FOR AGED
AND AGED DISABLED

*Note: Plan due to the California Legislature

Olmstead Planning in California:
A VISION FOR THE FUTURE

What is the Olmstead Decision?

In 1999, the United States Supreme Court issued a decision in *Olmstead v. Zimring* (119 S.Ct. 2176), in which the court concluded that States are required by the Americans with Disabilities Act (ADA) to place persons with disabilities in community settings rather than in institutions when:

1

the State's treatment professionals have determined that community placement is appropriate;

2

the individual does not object to community placement; and

3

the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities.

The Supreme Court also gave the states general guidance on how to demonstrate compliance with the ADA. For example, compliance may be shown if a state can demonstrate that it has a "comprehensive, effectively working plan for placing qualified persons with... disabilities in less restrictive settings, and a waiting list that move[s] at a reasonable pace."

Olmstead Planning in California

The California Long Term Care Council (the Council) will serve as the state's entity for creating an Olmstead plan. At its April, 2002 meeting the Council initiated efforts to create an Olmstead plan for California. The plan will be presented at the Council's January, 2003 meeting.

The vision for California's Olmstead planning is consistent with the vision of the Council, which is:

VISION STATEMENT

A long-term care system that supports consumer dignity and independence, fosters appropriate home and community-based services, and is cost effective.

Public Participation in the Planning Process

In order to maximize public and community input into the state's Olmstead plan, the Council is inviting organizations across the state to host Olmstead community forums. The purpose of the forums will be to obtain information on community needs, preferences, and best practices.

Feedback from the community forums will be used by the Olmstead Plan Work Group, made up of state officials and public representatives, to create the state's Olmstead plan.

Those interested in hosting a community forum are asked to submit a *Proposal to Host an Olmstead Forum,* which can be accessed at **www.chhs.ca.gov/olmstead.html**. Hosts will receive a community meeting tool kit which includes information on how to prepare for and conduct a community forum, a primer on the Olmstead decision, and a feedback form to return your community's input to the Olmstead Plan Work Group.

Meeting requirements include:

- Create a meeting outreach plan,
- Open the meeting to the public,
- Use accessible meeting facilities, and
- Use the standard feedback form provided to collect participant input by October 1st.

Additional information for participating in the Olmstead Plan Work Group will be posted on the Long Term Care Council Web site in September 2002.

www.chhs.ca.gov/olmstead.html